SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE	•	12	OF		31
(check only one)									
X 1	1a	11b		11c		12			
1	3	14		15		16			17

	te name and address of any political committee to				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	RAL AND MAXILLOFACIAL SURGEONS	S POLITICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. Larry Franz	Date of Receipt				
Mailing Address 1624 Franklin St. Suite 810	01				
City	State Zip Code	Transaction ID : SA11AI.28529			
Oakland	CA 94612	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation				
Self Employed	Oral Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Robert Gear	Date of Receipt				
Mailing Address 26 Barkley Cir		M = M / D = D / Y = Y = Y			
Ste 1	01.1.	01 11 2016			
City	State Zip Code	Transaction ID : SA11AI.28531			
Fort Myers	FL 33907	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation				
Self Employed	Oral Surgeon				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Jacques Gordon		Date of Receipt			
Mailing Address 383 16th St NW Unit 4		01 07 2016			
City	State Zip Code	Transaction ID : SA11AI.28532			
Atlanta	GA 30363	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer					
Southwest Maxillofacial Surger	Occupation Oral Surgeon				
Receipt For:	T				
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	· only)				